

# SEWER CONNECTIONS FOR LOW-TO-MODERATE INCOME RESIDENTS

## NOTICE OF FUNDING AVAILABILITY

The Monroe County Housing Authority, on behalf of Monroe County, is seeking applicants to participate in the Countywide FFY2008 Community Development Block Grant Disaster Recovery Program. The program provides **funding for sewer connections** for income-eligible single-family and multi-family housing units located in Monroe County. Assistance is available according to first come, first ready. Rental properties are subject to an affordability period and income qualification of tenants (Multi-family buildings must be at least 51 % low income). Program funds will pay for eligible activities, which include sewer connection fees, septic system abandonment and associated construction costs. System development/impact fees **are not eligible costs**. Past expenses for sewer connections **are not** eligible for reimbursement. Currently funds are available to assist a limited number of homeowners. All applicants, including tenants of assisted housing units assisted through this program, must be income eligible.

Applicants must meet the following eligibility requirement for this program:

- **APPLICANTS FOR SINGLE-FAMILY ASSISTANCE MUST BE PERMANENT RESIDENTS OF MONROE COUNTY**
- **CENTRAL SEWER IS AVAILABLE OR WILL SOON BE AVAILABLE**
- **THE HOME IS LOCATED WITHIN ANY CITY IN MONROE COUNTY OR IN ANY UNINCORPORATED AREA OF THE COUNTY**
- **YOUR TOTAL HOUSEHOLD INCOME IS AT OR BELOW THE INCOME LIMIT LISTED BELOW:**

Household Size	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Monroe County Income Limits	\$46,250	\$52,850	\$59,450	\$66,050	\$71,350	\$76,650	\$81,950	\$87,200

If you would like to be considered for assistance, you can call 305-294-1000(local) or 877-464-9300 (toll-free), or via e-mail to [dlloyd@meridserv.com](mailto:dlloyd@meridserv.com) or [lrobinson@meridserv.com](mailto:lrobinson@meridserv.com), and request that an application package be mailed or e-mailed to you. Application packets are available in all libraries. Please mail or deliver your completed application to:

Meridian Community Services Group, Inc.  
1111 12<sup>th</sup> Street, Unit 102  
Key West, FL 33040

Applications are funded according to first come, first ready. Funding is limited. All applications are subject to review.

**EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER  
HANDICAP ACCESSIBLE FACILITIES**

---

## MONROE COUNTY CDBG DRI SEWER HOOK-UP INCOME VERIFICATION

### Household Information:

Head of Household: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Number Living in Unit: \_\_\_\_\_  
Rent: \_\_\_\_\_ Own: \_\_\_\_\_

Name and address of owner (if renting): \_\_\_\_\_ Amount of Monthly  
OR \_\_\_\_\_ Payment: \_\_\_\_\_

Name and address of Mortgage Holder: \_\_\_\_\_  
\_\_\_\_\_

### Head of Household Marital Status:

\_\_\_\_\_ Married \_\_\_\_\_ Unmarried (single, divorced or widowed) \_\_\_\_\_ Separated

#	Name	Age	Sex	#	Name	Age	Sex
1	_____ SS# _____			4	_____ SS# _____		
2	_____ SS# _____			5	_____ SS# _____		
3	_____ SS# _____			6	_____ SS# _____		

**Head of Household Race:** \_\_\_\_\_ Black (non-Hispanic) \_\_\_\_\_ White (non-Hispanic)  
\_\_\_\_\_ Hispanic \_\_\_\_\_ Asian/Pacific Islander

**Check all that apply to Head of Household:** \_\_\_\_\_ Elderly  
\_\_\_\_\_ Handicap/Physically Disabled  
\_\_\_\_\_ Female Head of Household

**Annual (Per Year) Income of Head of Household and each additional member of the household (use additional sheet if you need additional columns for other household members).**

Source	Head of Household	Household Member Name: _____ Relation to Head of Household:	Household Member Name: _____ Relation to Head of Household:	Household Member Name: _____ Relation to Head of Household:
Salary				
Tips/Bonuses				
Interest/Dividends				
Business Income				
Pension				
Rental Income				
Social Security				
Unemployment Benefits				
Workers Compensation				
Alimony/Child Support				
Welfare Payments				
Other				

## SOURCES OF INCOME VERIFICATION

1. Name: \_\_\_\_\_  
 Position/Title: \_\_\_\_\_  
 Employer Name: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Business Phone: \_\_\_\_\_  
 Dates Worked: \_\_\_\_\_

2. Name: \_\_\_\_\_  
 Position/Title: \_\_\_\_\_  
 Employer Name: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Business Phone: \_\_\_\_\_  
 Dates Worked: \_\_\_\_\_

3. Name: \_\_\_\_\_  
 Position/Title: \_\_\_\_\_  
 Employer Name: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Business Phone: \_\_\_\_\_  
 Dates Worked: \_\_\_\_\_

Other Income Source: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Dates Worked: \_\_\_\_\_

Other Income Source: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Dates Worked: \_\_\_\_\_

### Household Assets (Bank Accounts, Stocks, Retirement Accounts, MMs and/or CDs)

Household Member –Include Name of Financial Institution	Describe Asset	Value of Asset
<b>Total Cash Value of Assets</b>	<b>\$</b>	<b>\$</b>

**APPLICATION CERTIFICATION FORM**  
**NOTICE – PLEASE BE AWARE THAT:**

**Fl statute section 837.06 - false official statements law states that: "whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree," punishable as provided by a fine to a maximum of \$500 and/or maximum of a 60 day jail term.**

The undersigned specifically certifies that: (1) all statements made in this application are made for the purpose of obtaining the assistance indicated herein and are true and accurate; (2) verification or re-verification of any information contained in the application may be made at any time by the County or its consultant during the project to verify applicants qualification; (3) pay restitution for all costs occurred may be required for supplying false income information.

Applicants Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\* Each additional household members receiving income must sign below\*\*\*

Verification or re-verification of any information contained in the application may be made at any time by the County or its consultant during the project to verify applicants qualification:

1. Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

3. Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

4. Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Structure to receive (check all that apply)

Sewer Hookup to Main \_\_\_\_\_

Septic System Disposal \_\_\_\_\_

a. Total Annual Income as listed above: \$ \_\_\_\_\_

b. Number of people living in household: \_\_\_\_\_

c. Section 8 Income Limits 30% \_\_\_\_\_ 50% \_\_\_\_\_ 80% \_\_\_\_\_

Income determination (check category that applies based on Section 8 HUD standards)

\_\_\_\_\_ very low income \_\_\_\_\_ low/moderate income \_\_\_\_\_ over income

Staff Members Signature: \_\_\_\_\_ Date of Determination: \_\_\_\_\_

**Mail Application To:**

Meridian Community Services Group  
1111 12<sup>th</sup> St., Unit 106  
Key West, FL 33040

Disaster Recovery Community Development Block Grant Program #10DB-K4-11-54-02-K24

Sewer Connection Program

CONFLICT OF INTEREST STATEMENT

Check the following that apply:

\_\_\_\_ I hereby certify that I am **NOT** related to any of the current Monroe County or City Commission members as identified by the attached list. **OR**

\_\_\_\_ I **AM** related to Commissioner \_\_\_\_\_; Relationship\_\_\_\_\_

---

\_\_\_\_ I hereby certify that I am **NOT** a CITY or COUNTY employee within Monroe County nor am I related to any MONROE COUNTY employee or CITY employee within any City located in Monroe County. **OR**

\_\_\_\_ I **AM** a MONROE COUNTY employee or CITY employee in a City located in Monroe County or I am related to the following MONROE COUNTY employee(s) or CITY employee(s) for any City located within Monroe County.

Name \_\_\_\_\_ Department\_\_\_\_\_ Relationship\_\_\_\_\_

Name \_\_\_\_\_ Department\_\_\_\_\_ Relationship\_\_\_\_\_

---

\_\_\_\_ I certify that I am **NOT** related to any member of the Citizen's Advisory Task Force (refer to attached list). **OR**

\_\_\_\_ I **AM** related to the following member(s) of the Citizen's Advisory Task Force:

Name \_\_\_\_\_ Relationship\_\_\_\_\_

Name \_\_\_\_\_ Relationship\_\_\_\_\_

---

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

**Elected Officials of Monroe County and Incorporated Areas**

**Board of County Commissioners**

Sylvia Murphy, Commissioner

Heather Carruthers, Commissioner

George Neugent, Commissioner

David Rice, Mayor

Kim Worthington, Mayor Pro-Tem

**City of Key West**

Craig Cates, Mayor

Jimmy Weekley, Commissioner

Mark Rossi, Commissioner

Billy Wardlow, Commissioner

Barry Gibson, Commissioner

Teri Johnston, Commissioner

Clayton Lopez, Commissioner

**City of Marathon**

Ginger Snead, Councilman

Mike Cinque, Councilman

Richard Keating, Councilman

Dick Ramsay, Mayor Pro-Tem

Pete Worthington, Mayor

**City of Key Colony Beach**

Ron Sutton, Mayor

Geraldine Zahn, Vice-Mayor

Jeff Vorick, Commissioner

Mary Schmidt, Commissioner

John W. Deneale, Commissioner

**City of Layton**

Norman Anderson, Mayor

John Cromartie, Councilman

Clark Snow, Councilman

William Dilley, Councilman

Jean Murphy, Councilwoman

Philip Porter, Councilman

**City of Islamorada – Village of Islands**

Michael Reckwerdt, Mayor

Don Achenberg, Councilman

Dave Purdo, Councilman

Ken Philipson, Vice-Mayor

Bob Johnson, Councilman

**COMMUNITY DEVELOPMENT BLOCK GRANT**

**CITIZENS ADVISORY TASK FORCE**

**Monroe County**

John Hernandez

John Repetto

Tracey Holst

Derrick Johnson

Anna Nickerson

**City of Key West**

Mona Clark

Mildred Tynes

Esther Tupino

Kenneth Sullivan

Connie Gilbert

Mark Bell

Mia Castillo

**City of Marathon**

Lynda Berrigan

John Bartus

Karen Dennis

Sharron Bauer

Larry Shaffer